

NON-PROVISIONAL UTILITY PATENT APPLICATION TRANSMITTAL - 37 CFR 1.53(b)

[] Duplicate (check, if applicable)



MAIL STOP PATENT APPLICATION

Attorney Docket No.: 8976-227U1

(208976.0233)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 First Named Inventor: Ruey J. Yu Express Mail Label No.: EL399255404US Total Pages of Transmittal Form: 3

Transmitted herewith for filing is the non-provisional utility patent application entitled:

Topical Treatment Of Dermatological Disorders Associated

		With Reactive Or Dilated Blood Vessels
which	is:	Will Iteda ive of Blidied Blood Vessels
an a	[] [] C of pric	Original; or Continuation, [] Continuation-in-part (CIP) or Application No. filed . pated Group/Art Unit: or Class, Subclass
[X]		on-provisional patent application is based on Provisional Patent Application No. 0,322, filed April 4, 2003.
Enclo	sed are:	
	[X] [] [] [] [] [] [] [] [] [] [] [] [] []	Specification (including Abstract) and claims: 23 pages. sheets of drawings (formal). Application Data Sheet. Newly executed/unexecuted Declaration (original/copy). Copy of Declaration from prior application. Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable). Microfiche computer program (Appendix). Nucleotide and/or Amino Acid Sequence Submission, including: Computer readable copy [] Paper Copy [] Verified Statement. Under PTO-1595 Cover Sheet, an assignment of the invention Name of Assignee: Certified copy(ies) of Application No(s). filed is/are filed: [] herewith or [] in prior application.
	[X]	Applicants, by their undersigned attorney, claim Small Entity Status under 37 C.F.R. §1.27 as [X] Individuals, or [] a Small Business Concern, or [] a Non-Profit Organization.
	[]	Preliminary Amendment. Information Disclosure Statement, PTO/SB/08A, and cited references. Request for Nonpublication of Application Under 35 U.S.C. §122(b) Other:

The filing fee is calculated as follows:

			SMA	LL ENTITY		LARGE ENTITY	
CLAIMS	CLAIMS NO. FILED NO. EXTRA		BASIC FEE: \$385			BASIC FEE: \$770	
Total	34 -20 =	14	X9	\$126.00	OR	X18	\$
Independent	2 - 3=		X43	\$	OR	X86	\$
[] Multiple D	ependent Claim	\$145	\$	OR	\$290	\$	
	76.5	TOTAL	\$511.00	OR	TOTAL	\$	

- [] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- [X] A check in the amount of \$511.00 to cover the filing is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account**No. 50-1017 (Billing No. 208976.0233) as noted below. A duplicate copy of this sheet is enclosed.
 - [X] Any overpayments or deficiencies in the above-calculated fee.
 - [] Filing fee in the amount of \$ as calculated above.
 - [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
 - [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

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Enclosures